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EXHIBIT D CERTIFICATION TO THE INSURANCE DEPARTMENT OF COMPLETION OF COURSE

THIS FORM MUST BE SUBMITTED TO THE UTAH INSURANCE DEPARTMENT STATE OFFICE BLDG, ROOM 3110, SALT LAKE CITY, UT 84114, BY THE PROVIDER WITHIN SIXTY (60) DAYS OF THE PRESENTATION DATE OF THE COURSE.

Course Title/Name				
ourse No Number of Credit Hours				
Instructor				
Date of Presentation or Completion or Self Study	Time Started for Classroom Course Only	Time Ended for Classroom Course Only	Total time Spent on Subject	
THE FOREGOING CONT	INUING EDUCATION CO	DIVIDUALS SATISFACTO DURSE AND THAT THE SA RANCE DEPARTMENT R	AID COURSE WAS	
Print <u>NAME CLEARLY</u>	E CLEARLY License Number OR NPN			<u>ADDRESS</u>
(Attach additional sheets if neo	eessary)			
Date	Name of Pro	ovider		
NOTE: <u>PLEASE PUT COU</u> NUMBER AND PROVIDE ON ALL ATTACHED SHE	R NAME Signature o	f Authorized Representative		
		Name	(Type or Print)	

(Revised 9-29-05)